

Board of Registration for Foresters

110 Centerview Drive

Post Office Box 11329

Columbia, South Carolina 29211-1329

Phone: (803) 896-4800 FAX: (803) 896-4484

Internet Address: www.llr.state.sc.us

VERIFICATION OF LICENSURE

To be completed by Applicant:

Name: _____ Social Security (Last Four): XXX-XX-_____

To Be Completed by Responding Board:

Our records show the applicant named above:

1. Was registered on (date): _____
2. Registration number: _____
3. Now holds a valid registration which will expire on: _____
4. Held a valid registration which expired on: _____
5. Was found to be qualified for registration on the basis of:
 - () Our written exam: passing score: _____ applicant's score: _____
 - () Oral exam
 - () Education _____ years; and experience of _____ years
 - () Comity/Reciprocity with _____
(State)
 - () Grandfather clause in our law
 - () Other _____

Date _____

Signed _____

Title _____

(SEAL)

Address

Telephone _____

Please submit this form to the Board at the above address.